

The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

Navy & Marine Corps Medical News
MN-99-31
August 6, 1999

This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

-USN-

Contents for this week's MEDNEWS:

Headline: Naval Hospital Bremerton exterminates Y2K "bug"
Headline: Destroyer corpsmen and crew honor hero
Headline: Inner city teens visit hospital, learn of careers in medicine
Headline: Anthrax question and answer
Headline: Traveling active duty members' claims for care in Regions 1, 2, 5
Headline: TRICARE question and answer
Headline: Healthwatch: Cosmetic dentistry: A quick touch up of the teeth

-USN-

Headline: Naval Hospital Bremerton exterminates Y2K "bug"
By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- A year and a half ago, the Naval Hospital planned a preemptive strike on the Y2K "bug," and this early preventive stance has the facility "facing the next millennium with confidence," according to LT Kevin Darnell, the hospital's Chief Information Officer.

"Eighteen months ago we put together a dynamic multi-disciplinary team to look at the systems and processes that might be affected by this bug," said Darnell, team leader. The team applied the 'preventive medicine' concept with success.

The Year 2000, or Y2K "bug" began its infestation of computerized systems years ago, when programmers decided to use a two-digit date field instead of four when creating the brains for date-sensitive equipment to free up scarce disk space. This seemingly innocent decision could cause computers to read the year 2000 ('00) as 1900 (also '00). The results of this glitch, in a system that has not been thoroughly checked, are unpredictable, computer gurus say.

Some systems or devices may continue to operate, some may require user intervention and some may fail completely.

"All areas of the hospital's systems and processes have been scrutinized to determine if they were susceptible to being affected by this problem," Darnell said. "Many of the hospital's non-Y2K compliant components have either been replaced, upgraded or retired. The team is also pursuing contingency business plans and test plans."

Contingency planning is nothing new for the hospital, according to CDR Rick Becker, MSC, director for administration.

"The fact that we are a hospital dictates that we are always ready for an unforeseen situation that might possibly cause systems to shut down. We have planned for possible problems resulting from the Y2K bug in the same way we have prepared for the possibility of any contingency that has the potential for disrupting operating systems, such as power outages or earthquakes," Becker said.

In the equipment heavy Clinical Support Services Directorate, that includes Radiology, Laboratory Services and the Pharmacy, "Services will continue," said Director CDR Duncan Barlow, MC, a radiologist.

"That's the bottom line," he said. "The majority of equipment used regularly in radiology and in the lab are not date or time sensitive. The equipment we have that is date-sensitive, is not, for the most part, used in patient care, but for tracking purposes. In a 'worst case' scenario we would simply revert to the stubby pencil system of hand written log books, lab chits and prescriptions."

"Our biggest concern is not an issue resulting from Y2K," said LT Josh Miller, pharmacist and assistant department head at the Naval Hospital Pharmacy. "It's that people may feel the need to hoard medications. That could actually cause a bigger strain on the system, much worse than anything a Y2K bug could do to us."

Miller said the pharmacy has not only upgraded their internal computer systems, but has officially contacted each of the pharmaceutical companies who provide medications. "Our suppliers have tested their systems and they feel confident that they will work. But we are all prepared to do business the old fashioned way if we have to. It hasn't been that long ago that our entire operation was done with manual typewriters and pencils. If systems do go down, we always maintain a recall bill in case of any disaster or emergency, so we'll just call in extra help and we'll all grab a pencil."

As part of hospital upgrades that started 18 months ago, the Pharmacy's phone refill system was upgraded to be Y2K compliant, Miller said.

Realizing the importance of phones to health care seekers, Foundation Health Federal Services, the contractor operating the Department of Defense Health Care program, Tricare, has upgraded phone systems throughout the company, according to Field Coordination Manager, Alice Acker.

"On May 1, we went to a system that is not only Y2K compliant, but also state-of-the-art with many improvements over the old system. Making appointments through our TRICARE Regional Appointment Center (TRAC) should not be disrupted," Aker said. "Phones are very important to us, obviously, but we've ensured that all our computer systems, such as those used for claims, for Prime enrollment, for health care finder authorizations, are all Y2K ready."

Aker said FHFS officials have also discussed contingency operations.

"For example, if for some reason we couldn't connect from here to the outside world (into computerized programs), we've discussed alternative ways through our other sites or even through our home offices in Rancho Cordova in California."

Relying on sources outside the hospital to continue internal functions is not a concern, according to Ken Swartz, facility manager.

"Although we don't produce our own utilities here, we are mandated by DOD to be a stand-alone facility for any disaster that may occur. We have the capability to run for a minimum of seven days on the water, fuel and electricity we have stockpiled, but I don't believe we will have to go into that mode. All the utility providers we deal with are under contract to Naval Facilities Command. And NAVFAC has reported that all our suppliers are either Y2K compliant already or will be by September. I guess what people need to realize is that we are a military facility, we are always preparing for emergencies."

-USN-

Headline: Destroyer corpsmen and crew honor hero
BY LTJG Stan Stepnowski, USS Benfold (DDG 65)

ABOARD USS Benfold (Chinhae, South Korea) -- As Chief Petty Officer (AW) Mark Thomas Young and Petty Officer 3rd class Charity Broomfield let the flowered wreath fall from their hands to the surface of the yellow sea, they remembered a fallen Sailor -- their ship's namesake.

The two are hospital corpsmen assigned to the USS BENFOLD (DDG 65), an Arleigh Burke class guided missile destroyer named for Petty Officer 3rd class Edward Benfold who was killed in action during the Korean War. Serving aboard a ship named for a corpsman is a dream come true for both of them. BENFOLD, on its six-month deployment with the CONSTELLATION carrier battle group, paused off the coast of South Korea for the wreath-laying ceremony in memory of the Medal of Honor winner.

"I'm very proud to honor HM3 Benfold," said Broomfield, from Ringwood, Okla.

Petty officer Broomfield was excited to come to BENFOLD for both its corpsman legacy and small size. "I wanted to work directly for the chief and with the crew. My next goal is to become an independent duty corpsman like HM3 Benfold was."

Edward Benfold was a corpsman in the 1st Marine Division during the Korean War. When his company came under heavy fire from all sides, Benfold ran to an exposed ridge to assist two injured Marines. A North Korean soldier threw two grenades at them while two other enemies charged their position. Benfold, in an act of unfathomable courage, grabbed a grenade in each hand and lunged at the two attackers.

Pushing a grenade into the chest of each soldier, he died saving the lives of the two Marines. For his heroism he was posthumously awarded the Medal of Honor.

It was this account that moved Young, of Grand Isle, La., to request duty aboard BENFOLD. He recalled, "I knew the story because we were made to read it in corpsman school. That's why I asked for this ship."

Broomfield and Young administer to the health needs of the 300 men and women aboard the destroyer. They perform many of a doctor's duties except surgeries and long term care. The two are also in charge of health promotion in the form of smoking cessation classes, diet counseling, and exercise advice. "Just recently we identified an illness in a crewmember that could have been fatal if she hadn't received prompt medical attention," Young said.

The Sailor was flown to the aircraft carrier CONSTELLATION (CV 64) for specialized care and returned to BENFOLD, where she is now in good health.

As the wreath floated to the horizon and the final measures of the Navy Hymn were played, both Broomfield and Young agreed that the ceremony made them feel a closer connection to Benfold. Young said, "if I could only make half of his sacrifice, it would be a great achievement."

-USN-

Headline: Inner city teens visit hospital, learn of careers in medicine

By JO2 Eric T. Mazzaccone, National Naval Medical Center, Bethesda

BETHESDA, Md. -- Gone are the days when middle and high schools only offered classes in reading, writing and arithmetic. Now with technological advancements and new job fields opening regularly, elective courses can be found in most schools throughout the states, courses like the one Lenora Jenkins teaches her eighth grade health sciences class.

Jenkins, who teaches at Johnson Junior High School in southeast Washington D.C., recently decided to bring some of her students to the hospital, so they could see first hand some of the many exciting jobs offered in the medical industry.

On a tour of the hospital the students were given the opportunity to visit the National Naval Medical Center's Radiology, Telemedicine and Physical Therapy departments. During their tours healthcare providers, from physicians to technicians were available to answer the students'

questions.

Jenkins explained that this was the opportunity of a life-time for most of her students. "Many of my students haven't even been out of southeast D.C. When we were driving up here they were so impressed with the area around the hospital. This trip is giving them the opportunity to see life beyond the inner city. Now they aren't just hearing about the jobs in a hospital, they are getting to see some of them."

While the students toured the Radiology department, they observed in awe the technology available in today's hospitals. The class was taken to the magnetic resonance imaging (MRI) suite where they watched technicians perform an MRI of a patient's head.

Thirteen-year-old Davia Johnson was impressed with the MRI procedure. "It was interesting to see the insides of a person. I liked learning about the machines and what people can do to help others."

The trip not only got the students out of the classroom, but it allowed them to realize the many facets of healthcare and the many opportunities for healthcare training and careers in the Navy. Although this wasn't a recruiting trip, LCDR Jeanmarie Patnaude, MSC, head of medical boards said, "The children asked many questions about the health industry and the Navy as well. They were told by some of the staff that the Navy allowed them the opportunity to pursue the careers they wanted to enter."

Patnaude believes the trip succeeded in its goal to open the students' eyes and minds. "Overall, I think the children walked away with a better understanding of the different types of jobs available in healthcare. They got to see that it's not only about physicians and nurses, but that there are a lot of technical careers and support services that not only help a hospital to function, but also help people."

With today's new classes and teaching curriculums you never know what career path a child may become excited about. Ten years from now, your X-ray technician or physical therapy assistant may just be one of the students from Mrs. Jenkins' health sciences class.

-USN-

Headline: Anthrax question and answer

Question: Does the anthrax vaccine cause sterility?

Answer: No. The vaccine has been routinely used for the past 28 years and has not been associated with sterility. Although we cannot conduct experiments with lethal agents on the human reproductive system (for ethical reasons), there is ample evidence that it does not cause any harm or sterility.

-USN-

Headline: Traveling active duty members' claims for care in Regions 1, 2, 5

>From TRICARE Management Activity

WASHINGTON, D.C.-- Now that TRICARE Regions 1, 2 and 5 are fully implemented, what if you're an active duty member enrolled in another region who's traveling in these regions and you require medical treatment from a civilian source?

After you get the needed care, you-or the provider who treated you-will file a claim for government reimbursement of the resulting charges. But where should the claim go for processing?

Until national "supplemental" health care (care that active-duty members obtain from civilian sources) modifications are put into effect in all TRICARE regions this fall, either of the following two options for claims processing may be used in Regions 1, 2 and 5.

Option A: You or your provider may submit the claim directly to the TRICARE claims processing contractor, Palmetto Government Benefits Administrators (PGBA) where it will be priced by PGBA. (Claim forms may be printed from the TRICARE Web site: www.tricare.osd.mil.) PGBA will forward the claim to a uniformed service point of contact, such as the Military Medical Support Office (MMSO), an active-duty case management center established jointly by the services to oversee active duty-medical care provided in civilian facilities. The MMSO will determine the responsible military treatment facility (MTF) and send the claim there for payment.

As a readiness effort, MTFs are charged with providing medical oversight for all active-duty members. It is important for military treatment facilities to coordinate the care active-duty members receive in civilian facilities.

Option B: You or your provider may send the claim to an MTF within Regions 1, 2 or 5. The MTF will submit the claim to PGBA, for pricing. Once the claim is priced, it will be returned to the MTF for payment. Again, this process allows an MTF commander to be knowledgeable of both the care you receive and to administer proper payment for that care.

Under Options A & B, you may have to pay up front for other services you receive outside of the civilian facility. For example, you may need to send in claims to PGBA for pharmacy services. When your claim is processed, you will receive reimbursement directly from PGBA.

Active-duty military members who reside in TRICARE Regions 1, 2 or 5 will have their claims for "supplemental" care processed and paid directly by PGBA.

Should you be an active-duty member from another region traveling in these regions and require civilian medical care, refer to the following geographic boundaries to determine if you are in TRICARE Regions 1, 2 or 5. The address for PGBA is provided for each of these regions.

TRICARE Region 1 includes Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island, Delaware, Maryland, New Jersey, New York, Pennsylvania, the District of Columbia, and small portions of northern Virginia and eastern West Virginia. Send claims for Region 1 to:

Palmetto Government Benefit Administrators, TRICARE/CHAMPUS Claims, P.O. Box 7011, Camden, SC 29020-7011. The PGBA phone number for this region is (800) 578-1294.

TRICARE Region 2 includes North Carolina and most of Virginia (except for a small part of northern Virginia that's part of Region 1). TRICARE Region 5 includes Wisconsin, Michigan, Illinois, Indiana, Ohio, Kentucky, the St. Louis area in Missouri, and most of West Virginia (except for a small part of the northeastern corner of the state that's part of Region 1). Send claims for Regions 2 and 5 to: Palmetto Government Benefit Administrators, TRICARE/CHAMPUS Claims, P.O. Box 7025, Camden, SC 29020-7025. The PGBA phone number for this region is (800) 493-1613.

Presently, when traveling in the remaining TRICARE Regions (3/4, 6, 7/8, 9, 10, 11, TRICARE Pacific, Latin America/Canada and Europe), you or your provider must send the claim to the nearest MTF. The MTF will submit the claim to the TRICARE claims processing contractor for pricing. Once the claim is priced, it will be returned to the MTF for payment. Contractors in Regions other than 1, 2 and 5 will not accept claims directly from the active-duty member's provider or the active duty member.

For more information on filing claims, please see the TRICARE Web site, www.tricare.osd.mil, and go to Understanding your TRICARE Benefits then Claims-Where to file a Claim. Stay tuned for further information on the active-duty national "supplemental" health care program to be put into effect in all TRICARE regions this fall.

-USN-

Headline: TRICARE question and answer

Question: Should a family member covered by other comprehensive health insurance enroll in Prime?

Answer: If a family member has other comprehensive health care insurance, we do not encourage enrollment in TRICARE Prime. When other comprehensive health coverage is involved, TRICARE is automatically the secondary payer. It may be easier to coordinate benefits with other health insurance under TRICARE Extra and TRICARE Standard. Please check with your TRICARE Service Center for further guidance.

-USN-

Headline: Healthwatch: Cosmetic dentistry: A quick touch up of the teeth

>From Bureau of Medicine and Surgery

WASHINGTON -- Cosmetic dentistry is no longer something for the rich and famous. Many of today's common dental problems such as discolored or stained, malaligned, or chipped teeth can be easily remedied. Three possible treatments for these minor dental blemishes are composites, bleaching, and veneers.

"Composites" can restore teeth that are chipped, cracked, malaligned, or discolored. It is a plastic resin,

putty-like, substance which is used to rebuild and shape the teeth to make them look natural. It usually takes one visit, although more complex cases may require several visits. A composite restored tooth can usually last three to five years before it may need to be touched up to correct wear or discoloration.

"Bleaching" lightens surface stains caused by coffee, tea, food, and age. Six to eight teeth can be bleached during one office visit. Some teeth may need to be bleached several times to achieve maximum result. Bleached teeth may need touching up every year. Discoloration caused by some restorative (filling) materials and dark internal stains, such as those caused by injuries or antibiotics (tetracycline), are very difficult to bleach. In those cases, your dentist may recommend other cosmetic procedures.

There are a few patient applied, home bleaching, kits available on the market that promise miraculous results in a short time at low prices. Keep in mind that these products are not approved by the American Dental Association (ADA) and their effectiveness and possible side effects on oral tissue and the dentition has not been researched or proven. Consult a dentist, to recommend the bleaching system that will be most effective for you.

"Porcelain veneers" are thin ceramic shells that adhere to the surfaces of teeth in a somewhat similar way that false fingernails are applied. Veneers correct or camouflage severe discoloration, damage, malalignment, or teeth that are poorly shaped. They are generally more durable and resistant to chipping and staining than resin composite veneers. A minimum of two visits are usually needed to complete this type of treatment; the first visit to prepare the teeth and a second visit to apply and finish the veneer.

Oral hygiene maintenance of the above cosmetic treatments is the same as for your natural dentition. Brush and floss as normal, but avoid biting down on hard objects such as your fingernails. Be careful about what you eat for 24 hours after composite restorations or veneers have been applied. Composite restorations and veneers are not as strong as your natural enamel and can be chipped or fractured. Do not pick at the new restorations even though it may feel unusual at first. You could damage the seal and shorten the life of the material. A mild, usually temporary, sensitivity is not uncommon after some cosmetic procedures. If it persists for more than a few weeks see your dentist.

Any teeth, even cosmetically treated teeth, can be stained by tobacco, foods and drinks. Porcelain veneers are more resistant to stain than composite restorations or bleached teeth. To avoid stains, avoid tobacco products, coffee, tea, red wine, and heavily colored foods.

Navy dentistry offers these options to a patient based on the individual clinical situation and the treatment facility's schedule and resources. If you have a concern

regarding the esthetics of your dentition, contact your dental professional to recommend the best cosmetic treatment for you.

-USN-

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

-USN-

-USN-